

An antiseptic dressing should be applied on the field of battle, as soon after the wound has occurred as possible. Securing the immobility of the injured part should only be seen to after this *sterilization* has taken place. A larger number of surgeons are required in the first line and on the field of battle. There is no doubt that the secret of success in the antiseptic treatment of gunshot wounds is its early application.—*Le Bulletin Médical*, Sept. 28, 1887.

LEONARD MARK (London).

III. A Novel Extension of the Uses of Cocaine. By E. HURRY FENWICK F.R.C.S. (London). The author suggests that it may be used as a therapeutic, diagnostic and prophylactic agent. He first was made aware of its extended value by accident. A gentleman suffered constant pain for five years in his face, limbs, and urethra, consequent on an attack of gonorrhœa. In order to examine the urethra with the endoscope, a few drops of a 20% solution of cocaine were injected into the urethra. In about 60 seconds the neuralgia in his face and limbs completely disappeared. He made a complete recovery. After a number of experiments on frogs Mr. Fenwick concluded that cocaine was possessed of considerable reflex inhibitory powers. 1. The application of cocaine temporarily abolishes the consciousness of weak stimuli, such as would correspond to slight nerve irritations, neuralgias, etc. 2. The application of cocaine has no power whatever over stronger stimuli, such as would correspond to the pain of carcinoma, inflammation, etc. His clinical experience so far confirmed the above conclusions. He thus formulates the matter: If pain in any part of the body be due to a slight nerve irritation of an unimportant character, a cocaine injection into the urethra will quickly relieve it. If, on the contrary, the pain is due to severe nerve irritation, a cocaine injection will not relieve it. These facts open a large field in the differential diagnosis of the causes, as well as the just estimation of the amount of pain experienced by neurotics and others. I have used it largely in the diagnosis of urinary diseases. For instance, in cases of renal pain, if a urethral injection of a 20% solution of cocaine immediately relieves a pain in the kidneys, I diag-

nose a transient or unimportant cause for that pain, such as congestion, uratic urine or grit, colonic pressure, etc. If, however, the renal pain is uninfluenced by such an injection, I give a more guarded prognosis, and this has been several times verified by the subsequent passage of a small stone, or, as in one case, by the development of a renal carcinoma.—Lastly, there is every reason to believe that it will prove of value as a prophylactic agent in warding off, by inhibition, the untoward effects of reflex renal flooding after operation npon the bladder and urethra.—*Lancet*, May 5, 1888.

H. H. TAYLOR (LONDON).

IV. Some Remarks on Erysipelas of the Face. By PROF. S. JACCOUD (Paris). The infectious nature of erysipelas is principally shown by its mode of defervescence, which is always sudden, unless there are complications. This points to a sudden inertia of the causes which brought about the fever, and such a condition can only be connected with infectious agents.

As regards complications, the most important are those of the heart, and those of the kidneys. Lesions of the heart generally make their appearance on the second or third day, most frequently in the shape of mitral endocarditis, characterized by a systolic murmur at the apex. In nine cases out of ten they disappear gradually.

The gravity of the kidney complications has been very much overrated, and it has often been maintained that albuminuria is always present in erysipelas, and the proper relationship between albuminuria and nephritis has been ignored. The two things are not allied in every case. Observers were led into error by finding affections of the kidneys in all those patients who died from erysipelas after having had albumen in their urine, and they supposed in consequence, that there must be a similar state of things, but of slighter degree, in those who did not die. Stress was laid upon the elements found in the urine, white and red corpuscles, epithelial casts, microbes. As these are not to be found in every case, one cannot conclude that nephritis is always the cause of albuminuria. In a case M. Jaccoud reports, accompanied by albuminuria, cure took place in eight days. Some cases were